



SOUTHERN INDIAN HEALTH COUNCIL, INC.

4058 Willows Road • Alpine, CA 91901-1620
Mailing: P.O. Box 2128 • Alpine, CA 91903-2128
(619) 445-1188 • FAX (619) 659-3141

PATIENT RIGHTS

- Southern Indian Health Council, Inc. desires to serve all patients in a manner appropriate to each individual's integrity and health care needs. The quality of health care provided depends on your assistance. Therefore, to benefit the most from your health care treatment you have the following rights and responsibilities when receiving care.
- You have the right to be informed of the SIHC Patient Bill of Rights & Responsibilities and to review the policies regarding your rights and responsibilities.
- You have the right to express your complaints and satisfaction regarding the services received and to comment and make suggestions for the improvement of the quality of care and services.
- You have the right to file a complaint and to receive a response, in a timely manner, to your complaint without fear of discrimination or reprisal.
- You have the right to receive considerate and respectful care in a safe and secure environment with respect and regard for your privacy, individuality, personal beliefs and cultural traditions.
- You have the right to accessible services and timely referrals to staff and services consistent with quality professional practices.
- You have the right to refuse treatment and to be fully informed of the possible consequences of such refusal, without reprisal.
- You have the right to participate in decisions affecting your care and treatment according to your own desires, needs, and understanding, including the choice to have family or friends participate in this process.
- You have the right to receive information about your illness, the course of treatment, and the prospects for good health in terms that you can understand. This includes any ethical issues that impact your care.
- You have the right to approve and refuse the release of your own medical records. You also have the right to access your own medical records. You have the right to have the privacy and confidentiality of your records maintained in a safe and secure environment.
- You have the right to know the name and professional status of the person(s) treating you including, accessibility to medical advice during after hours and to expect reasonable continuity of care between services and providers.
- You have the right to know, in advance of service, the cost of service and any applicable payment policies.
- You have the right to receive appropriate, timely and qualified care in a setting appropriate to your health care needs.
- You have the right to appoint a legal representative to make decisions regarding your health care. This appointee will have all the above rights apply to them in your behalf.



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PATIENT RESPONSIBILITIES

- As a participant in your health care you have certain responsibilities to yourself, your family, and to your health care provider(s). You and your health care provider(s) are in a partnership together to provide you with the best possible care at the right time, in the right setting and with the highest quality of results for you continued good health. The following responsibilities will assist you in receiving quality care and services.
- You have the responsibility to actively participate in decisions regarding your health care to the degree that you chose and to reasonable follow your provider's health care instructions and advice.
- You have the responsibility to inform your health care provider of information related to past illness, treatments, and medications.
- You have the responsibility to respect the rights and property of all health care professionals, employees, and other patients.
- You have the responsibility for making and promptly keeping all scheduled appointments. To assure that all patients are served in a timely manner please call to cancel or change appointments 24 hours in advance.
- You have the responsibility to pay for service at the time service is provided and to provide the patient registration office with accurate, complete, and current information pertaining to insurance coverage, your home address, telephone number, social security number, and Native American Indian verification.
- You have the responsibility to discuss your health care problems, concerns, and personal needs with your provider(s) in an honest manner and to inform the health care provider of any changes occurring in your health. You should ask questions when in need of further instructions or a better understanding.
- You have the responsibility to cooperate with the various providers involved in your care and to conduct yourself in a polite and respectful manner.
- You have the responsibility to let your provider know if you cannot or will not follow a certain treatment plan.
- You have the responsibility to respect the rights of your health care provider(s) and to exchange information in a non-abusive manner either physically or verbally, while receiving care.
- You have the responsibility to advise your provider(s) of all changes in any decisions concerning advance directives and/or persons designated by you to make your health care decisions for you.